PLACE OF DEATH County Courseling Village or City Redgely (No	40597	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 66  St.: Ward) Brown  Streed of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.		0-4-1
Hemale Cul, Willower (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the deceased from
Seft. 17-1931,1		192, 192,
(Month) (Day) (Year)		alive on, 192,
7 AGE Barn dead, If LESS than		rred on the date stated above, atm.
yrs. mos. ds. or min.?	011	
BOCCUPATION (a) Trade, profession or particular kind of work	degd for	it wille felt
(b) General nature of industry	ligh las	Lowns before ourth
business, or establishment in	Δ.	
9 BIRTHPLACE (State or country) Samland.	Contributory Secondary	whom to rue
10 NAME OF	(Signed) [3, M	(Duration) yrs. mos. ds.
TRACE GAR POWER	111 1-10	(Address) Red gels and
OF FATHER  (State or country) by any country  12 MAIDEN NAME	*State the I Vlolent Causes, st Accidental, Suicidal	is ase Causing Death, or in deaths from the tate (1) Means of Injury and (2) Whether or Homicidal.
of MOTHER HODE Storing Helener		SIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) In ample d	At place of deathyrsn	In the
(intake of overally)	Where was disease conti	rscted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.	
(Informant) - Carl Brown	usual residence	
(Address) Ridgely md	Des for	Ma Left 18, 1931
15 Filed Jeff-18 193 1 Davis Registrar	20 UNDERTAKER (	Deling ADDRESS
If more b.ayks are needed, addre.s State Kegistrar	, 16 W. Saratoga St.,	Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

Recommendations on statement of cause of telanius) may be stated under the head of "contributory." American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E :: haustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, 9 9 Committee on Nomenclature of the "Heart failure," "Inaemorrhage," Chronic etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exac		
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified: Exac	lcate.	
se properi	k of certif	
tit may r	s on bac	
is so that	struction	
lain term	it. See in	V
ATHIND	importan	
SE OF DE	is very	
ate CAU	UPATION	
hould st	nt of OCC	Approximation of the state of t
CIANS	statement of OCCUPATION is very important. See instructions on back of certificate.	

	PLACE OF DEATH  County Caroline			10530	STATE OF N CERTIFICATE	
					Registration D	Dist. No. 65
	Near Prest		-		St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	NAL AND STATIST			MEDIC	AL CERTIFICATE C	DE DEATH
3 SEX	4 COLOR OR RACE	S SINGLE.			AL CERTIFICATE C	OF DEATH
Demale	Black	MARRIED, WIDOWED, OR DIVORCED (Write the word)	Singl	16 DATE OF DEATH	Sept (Month)	24 , 1931 -(Day)(Year)
6 DATE OF BII	July (Month	<b>4</b> ) (Day)	, 1.902 (Year)	that I last saw he	Lalive on Sept	22 rid 131
7 AGE	29 yrs. 2	20	fLESS than I day hrs. or min.?	The CAUSE OF DEA	red on the date stated.  TH * was as follows:	above, at 70, 20 A ni.
	rofession or nd of work	Housewife	********	The	resupulu	onoles .
business, or	nature of industry establishment in yed or (employer)			4	year (Duration)	wellen
9 BIRTHPLACE (State or co	A	rth Caroli	na	Contributory	(Durstion)	
10 NAME (		ll Brown		(Signed)	Marde	ston h.d.
OF FATI Z (State of	HER or country) Nor	th Carelin	a		C. (Address)	or, in deaths from jury and (2) whether
OF MOT		Russen		18 LENGTH OF RE		als, Institutions, Trans-
13 BIRTHE OF MOT (State		rth Caroli	na	At place of deathyrs	nosds. In the	yrsmosda.
14 THE ABOVE	IS TRUE TO THE BES	T OF MY KNOWLE	DGE	if not at place of dea	th?	
(Informani	P. C. Do	ugla <b>s</b>		usual residence	L OB DEWOYAL	DATE OF BURIAL
(Add	lress) Pr	esten, Md.			cove Cemetery	
13 Filed Sep	t 24 191 le	has A Ste	MANA.	J. Virgi	1 Moore	enton, Md.
	If more banks are	needed, address Str	ate Kegistras	, 16 W. Saratoga St.,	Balto., Requesting V. S	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serumt, Cook Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the Laborer worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Fealcases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc without more precise specification as For persons who have no occupation (b) Automobile factory. The in terial If the occupation has been changed Salcsman. Locomotive engineer duties of the But in many (b) Grocery; persons en-Wom-

Statement of Cause of Death—Name, first, the DIS-EAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of hard-homicide; Poisoned by taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haembrrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sonile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haembrrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, Chronic valvular heart disease; etc. The contributory affection need not be Sarcoma, etc., of Measles ;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

N. B.—WRITE PLAINLY, WI

See instructions on back

X	item of infor-	should state	of OCCUPA.	
•	ORD. Every	PHYSICIANS	Exact statement	
FOR BINDING	SIS A PERMANENT I ORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-	certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			120-0			
County Carcline			Registration Dist. No. 64			
Village or City Federals	burg	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	No. St.,  Geath occurred in a hospital or institution, give its NAME instead of street and n	Ward		
Length of residence in city or town whe	re death occurred		t death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. If of foreign birth?mo			
2. FULL NAME Hattie	Emma Butl	er				
(a) Residence: No. Feder	alsburg (Usual place	of abode)	St., Ward.  If nonresident give city or town and	State		
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE W	5. SINGLE, MAR OR DIVORCE WICOWO	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  Sept. 25,  (Month) (Day)	, 193 1 (Year)		
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Bruce	Butler		22 LHEDERY CERTIEV TVALANTAL	deceased from		
6. DATE OF BIRTH (month, day, end year)	Aug. 28, 1	891	Setn. 25, 1931	: deeth is said		
7. AGE Years Months	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at B P m.	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, T SAWYER, BOOKKEEPER, etc	lmployee in	button				
9, Industry or business in which work west done, es SILK MILL, factory  10. Dete deceased last worked at this occupation (month and year)  11. Total time (yeers) spent in this occupation			Sudden and of large amounts Retiest seconogy in good health, and worked the day of kan  Other Contributory Causes of Importance: Leath, english			
12. BIRTHPLACE (city or town)	L•		Acute cardiac Dilatation	9/25/31		
II 13. NAME Wm. Frankli	n Carroll,					
H 13. NAME Wm. Frankli 14. BIRTHPLACE (city or town)	l•		Neme of operation none Dete of			
15. MAIDEN NAME Rachael Baker  16. BIRTHPLACE (city or town) (State or country)  Md.  17. INFORMANT Mrs. Rachael Carroll (Address)  Paderal shure Md.			23. If death wes due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?			
19. UNDERTAKER J. T. Fram (Address) Federa	pton & Son lsburg, Md.		24. Wes disease or Injury in any way releted to occupation of deceased?			
20. FILED 9/26/ 19 31 J	J. Frampt	ton Registrar.	(Signed) Joseph (Address) Jelustra	y UK		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework. write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. 10/5/31

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1921 Run over by street car 1 week ago Chronic interstitial nephritis Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Mau 1.1923 Gallstones 1 year

V. S. No. 1

should state of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 1060
1. PLACE OF DEATH	(23)
County Caroline	Registration Dist. No. 65.
Village or City Hill word	No. St.,  St.,  If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Adversarial Course	
(a) Residence: No. # Clos low (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Selbt. 5 - 193 (Ye. (Month) (Day) (Ye.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carelle	22. I HEREBY CERTIFY. That I attended deceased 19 3/- 19 3 to Seft. 5- 19
6. DATE OF BIRTH (month, day, and year)	I last saw h u alive on 19 ; death
7. AGE Years Months Days If LESS than 1 day,	the I Milecia WE CHOSE Of DEWITT and related danger of unibolitative
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFER, etc.	Puleurany Juber whoses
	7,222
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Union Bridge (State or country) Carract Ro. mid	Other Contributory Causes of importance:
13. NAME John J. Covell	
13. NAME John J. Covell  14. BIRTHPLACE (city or town) Bottimore (State or country)	Namo of operation
# 15. MAIDEN NAME amir R. Buckey	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie M. Bueley  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT J. E. Cavell (Address) Guilreville ned	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Countraview mod 9-8-,193.	Manner of injury
19, UNDERTAKER Light IV. Eddins (Address), Centre vice and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 9/ 7 193/17. Ehrod Flemin	(Signed) W. January Frakes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

yrs.\_\_\_\_\_ds.

That I attended deceased from

Was there an autopsy?\_\_\_\_

193/ ; death is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II			
The principal cause of deat of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	RIFIAU	1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

of OCCUPA-

PHYSICIANS should state Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, WIS

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DE	ATH				
County Car	oline		(46)	Registration Dist. No. 64	
Village or City				No. St.,  death occurred in a hospital or institution, give its NAME instead of street and numb  ds. How long in U.S. if of foreign birth?	
2. FULL NAME	Rose Cat	or Davis			
(a) Residence: No.	Federal	sburg Mo	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL A	ND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	OR OR RACE	5. SINGLE, MARE OR DIVORCED Widowed	(write the word)	21. DATE OF DEATH  Sept. 24, (Month) (Day)	1 (Yaar)
5a. If married, widowed, or di HUSBANO of (or) WIFE of		nk Davis		22. I HEREBY CERTIFY, That I attended decea Sept. 1, 1931, to Sept. 24	
6. DATE OF BIRTH (month, o	day, and year) Mar	. 13, 18	53	Hest saw h_im_alive on_Sept. 24, 19 31; des	th Is said
7. AGE Years 78	Months 6	Days 11	If LESS than 1 day,hrs. ormin.	to have occurred on tha date stated above, at 5: 10. P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	e of onset
kind of work don SAWYER, BOOKK	8. Trada profession or particular			Carcinoma of stomach	
work was done a	SILK MILL.				
SAW MILL, BANK Date deceased last we this occupation (no year)	rorked at nonth and	11. Total til spen occu	me (years) It in this pation		
12. BIRTHPLACE (city or tow (Stata or country)	,	lor's I.		Other Contributory Causes of importance:	
13. NAME	Villiam Cat	or			
14. BIRTHPLACE (city or (State or country)	town)	· · · · · · · · · · · · · · · · · · ·		Name of operationngne	
15. MAIDEN NAME	lary Ann Ti	ravers		23. If deeth was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country				Accident, suicide, or homicida? Oata of Injury, 19 Where did Injury occur?	
17. INFORMANT Miss Mary Ethel Davis (Address) Federalsburg Md.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place Bethel, Md. Date Sept. 27, 19 31				Manner of injury	
19. UNOERTAKER J. 1		n & Son	Md.	24. Was diseasa or Injury In any way related to occupation of deceased?	
20. FILED 9/26/31				(Signed) LASTUSTO (Address) Adealeum	M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fir out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	. 1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
7.4				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
	1.1			

HYSI- Exact		PLACE OF DEATH	1 e ·
KACTLY, Following	Vill	Near Willi	rota
led EXACTL) perly classifi ertificate.		²FULL NAME	Rel
00		PERSONAL AND ST	TATISTI
e pr	35	EX 4 COLOR O	R RACE
ay be	7:	ernale, lulu	te
hou t m	6 D	ATE OF BIRTH	
ACE shat it		<b>M</b>	(Month)
d Ad so th ructi	7 A	GE	
plied ms so instru		37 yrs.	10
supplie n torms See inst	(ε	CCUPATION  ) Trade, profession or	L1.
uily a		articular kind of work	stry
refu in p		isiness, or establishment i	
be ca	9 B	IRTHPLACE (State or country)	Jos
F DE		10 NAME OF SAL	me
co m	S	11 BIRTHPLACE OF FATHER	•
NON	RENTS	(State or country)	U.
matic e CA	PAR	OF MOTHER	lest
of information should be carefully supplied ACE should uld state CAUSE OF DEATH in plain torms so that it may of OCCUPATION is very important. See instructions on bar		13 BIRTHPLACE OF MOTHER (State or country)	1
of o	14	THE ABOVE IS TRUE TO	HE BES
Every item of CIANS should statement of O	1	(Informant) ouis	63
Every item CIANS shi statement	1	(Address) Page	rola
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m		Filed 9eft. 16' 192	

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4	V	00	-	

## STATE OF MARYLAND CERTIFICATE OF DEATH

(50)

(No.

STICAL PARTICULARS

12"

(Day)

S SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

KNOWLEDGE

If more blanks are needed, address State Registrar,

(Yea

Registration Dist. No. Lal

و	arth	St:	Ward)	a hospital	occurred is or instituts NAME in street and
	MEDICAL C	ERTIF	ICATE O	F DEATH	
èd	16 DATE OF DEATH	Sel	at.	IH",	1931
	april 3rd	TIFY, 1	That I atte	nded the de	ecensed from
3	that I last saw here, alin		pto	ы. . Ц-	30P-
nan nrs.	The CAUSE OF DEATH *			ibove, at	nı
n.r	Cance	rfo	ronos	aling	oction)
	ofright	Try	Jon	defe	net-
*****	Contributory for	Zomo	us Ca	arcage	oua
	(Signed)	Wa	rder	real	M. D
-	Sept 16" 1931 (A	ddress)	Krac	stow, 1	ud
	*State the Discase Violent Caus s, state Accidental, Suicidal or Ho	(1) Me	g Death, ans of Inj	or, in den jury and (2	aths from ) whether
	18 LENGTH OF RESIDE		or Hospit	als, Institut	ions, Trans
	At place of death yrsmos		In the State	yra	mos de
	Where was disease contracted if not at place of death?				
	Former or usual residence				
,	19 PLACE OF BURIAL OR	REMOV	AL	DATE OF	BURIAL
-	J'eder als hur	y. dr	rd.	sept. 1	6 , 1931
	20 UNDERTAKERS	U		ADDRESS	

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, 9 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"; Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, BurdoonA "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," icianu, may be stated under the head of 'contributory.' taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trains American Medical Association. nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) is indefinite); Tuberculosis of lungs, men-Chronic affection need etc. The valvular heart disease; " "Convulsions, contributory Measles; not be

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH  County Caroline  Village or City Jeder als Jarra (No.  2FULL NAME William De C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 H  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Surgle (Write the word)	16 DATE OF DEATH Sept. 22", 193
6 DATE OF BIRTH  (Month) (Day) (Year)	that I fast saw has alive on Sept 21, 192 /.
7 AGE    If LESS than   day hrs.   day hrs.   or min.	and that death occurred on the date stated above, at 30 A m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Shield.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) M. D.  2. 1921 (Address) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER METER (State or country)	At place of death when we are contracted, if not at place of death to be a contracted.
(Informant) Aurie De Sheild.  (Address) Federaldrung, And	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Shirmer's Run Md  20 UNDERTAKERS  ADDRESS
Filed Seft, 22" 193 Fram Registrar Registrar  If more b.anks are needed, addre.a Ltate Registrar	H. T'ramptom & Son Dederals Private W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cattan mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositar, Architect, Locamative engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At hame. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. whatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on yrs. For persons who have no occupation But in many .""(Deal-

Statement of Cause of Death—Name, first, the DISEAL TOUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Paisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumania (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chranic interstitial nephritis, unqualified, is indefinite); Tuberculasis of lungs, men-(secondary or intercurrent) affection perilanaeum, etc., Carcinoma, Sarcama, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Committee on Chranic etc. The contributory valvular heart Nomenclature need disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A)
County aroline	Registration Dist. No. 4
Village or City Jeeus 6 8 20	NoSt,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME / Baty Boy Dell	
(a) Residence: No. Alexes throw his	7 St., Ward.
(Usum place of abode)	ti nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5EX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 28 (Oay) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
(or) the or	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Sept 28, 1921	I last saw h alive on , 19 ; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Harris Date of Office
SAWYER, BOOKKEEPER, etc.	Jelloon
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Cantributory Causes of importance:
13. NAME Coarl Nelson Dell	
13. NAME COAL Selson Della 14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Megrille Dean	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) / Maryland	Accident, sulcide, or homicide? Oate of injury, 19
17. INFORMANT GARL DIEL	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place True profes Onte Sept 29, 1031	Nature of Injury
19. UNDERTAKER Carl Albana Dill (Father)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Light, 29, 1931 L. Mar Theren	(Signed) Charle H. Spuerafa) M. D.  (Address) Files 6000 Mag
the state of the s	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1°	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			540

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	------------	------------	----	-----------

1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred How long in U.S. if of foreign birth? yrs. \_\_\_\_\_mos. \_\_\_ ds. statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) BINDING (Year) 5a. tf married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 1286. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated shove, at \_\_\_\_\_\_ 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. RESERVED 9. Industry or business in which may bac work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total tima (years) this occupation (month and that spent in this year) \_\_\_\_\_ occupation Other Contributory Causes of importance ARGIN 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. plain (State or country) carefully What test confirmed diagnosis? ..... Was there an autopsy? ..... MOTHER 15. MAIDEN NAME in important 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicida?----- Data of injury------ 19\_ DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) 18. BURIAL, GREMATION, OR REMOVAL Manner of injury CAUSE mation MOIL Nature of injury. 24. Was disease or injury In any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallsh	May 1,1923	Gastroenteritis	1 year
•			

	4	
	30	

V. S. No. 1 m ż

	should state	of OCCUPA-	1
	Y. PHYSICIANS	Exact statement	
	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ertificate.
-	þe	pe	Jo.
	AGE should	so that it may	mportant. See instructions on back of certificate.
	y supplied.	lain terms, s	See instruc
The factor	be carefull	ATH in p	mportant.

STATE OF MARYLAND	D-CERTIFICATE OF DEATH 10606
1. PLACE OF DEATH	
County Carcline	(18) Registration Dist. No. 64
Village or City nr. Nichols Church	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Daniel H. Hubbard	
(a) Residence: No. Federal sburg R. F. D. (Usin Polace of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet / attended deceased from Sept • 20 19 31 to 9/24/ 19 31
DATE OF BIRTH (month, day, end yeer) July 28. 1845	l last saw hi展 alive on
AGE Years Months Days If LESS to	
86 1 26 1 day,	the t Kinch VF CVOSE Of DEVILL and related canses of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Gastritis 9/20
10. Dato deceased lest worked et this occupation (month and year) - 11. Total time (years) spent in this occupation - 12.	
12. BIRTHPLACE (city or town)	Olher Contributory Causes of Importance: Old age
Jefferson Hubbard	
14. BIRTHPLACE (city or town) Md. •	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Marry Ann Dickerson	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT A. J. Hubbard B. F. D. (Address) Fodomolohyma B. F. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL Date Sept. 27, 19	Menner of Injury
19. UNDERTAKER J. T. Frampton & Son (Address) Foderalsburg, 11. 20. FILED. 9/26/31, 19 J. Frampton	24. Was disease or injury In any wey related to occupation of deceased?  If so, specify
Registr	rar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

RECEIVED

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10/5/31

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and r of importance were as follows:	elated causes Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	193	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	192	21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5	,1927	Peritonitis	3 days ago
	4 Diver			
Other contributory causes of important	Bonce:		Other contributory causes of importance:	
Gallstones	G ONT May 1	1923	Gustrocnteritis	1 year
	THOTAL			

HYSI-Exact

Every item

	PLACE OF DEATH	10607
	County Caroline,	82-a) CI
Vil	age or Sillear / Deul (Nos)	9
_	2FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DEATH
6 0	Olft: 5-11, 1871	that I last saw here al
7 /	GE (Month) (Day) (Year)  If LESS than I dayhrs.	and that death occurred of
づら	articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory
NTS	10 NAME OF FATHER LIST QUESTION  11 BIRTHPLACE OF FATHER (State or country)  (State or country)  (State or country)  (State or country)	(Signed) January (1937) (A *State the Diseas Violent Caus. s, state
PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Seuktmun  14	Accidental, Suicidal or H  18 LENGTH OF RESIDI ients or Recent Reside At place of death
14	(Informant) MANUELLE COMMANDELLE (Address)	Where was disease contracted if not at place of death? Former or usual residence
15	Filed 9 - 12 19201 MAN O Linge	20 UNDERTAKER.

## STATE OF MARYLAND ERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institution, give its NAME in-stend of street and number.)

CERTIFICATE OF DEATH

(Month)-

HEREBY CERTIFY, That attended the deceased from
MIV 4 192 , to PM 4 , 192
it I hast saw help alive on 1811 9 1931
d that death occured on the date stated above, at // A m.
CAUSE OF DEATH * was as follows: Confliction
(Duration), yrs, mos., de
Contributory
Secondary
(Duration) yraf. nosds
ned) Duser / Juli
4/1/2/193/ (Address) Chilly MM
*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal,

ENCE (For Hospitals, Institutions, Transnts)

In the State ......yrs.....mos...

DATE OF BURIA

ADDRESS

If more b.anks are needed, address State Registrate 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As cramples: 'a nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write Nonc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Pealadditional line is provided for the latter statement; if cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The materia For persons who have no occupation Stationary fireman, et .. But in many (b) Grocery, Wom-

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Anhar pneumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease as fracture of skull, and eonsequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart, failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, necident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature cough; Chronic affection need not be etc. valvular heart disease, The Sarcoma,. contributory " Shock," etc., of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data, is besential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, laborer, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEA COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need cough; Chronic valvular heart disease, etc. The contributory not be

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4568
1. PLACE OF DEATH	100	UJ
county Cappling Co,	Registration Dist. No. 63	
Village or City Harmony near on	eston und st.	Ward
Length of residence In city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and nu	
F. R. Mark	6	
2. FULL NAME TOY THOUSE	uld hearfreston	
(a) Residence: No. (Usual place of abody	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the ford)	21. DATE OF DEATH 21 (Month) (Day)	193 / (Yaar)
5a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY That I attended to	ceased from
TIPL-1930	5.169015 31	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years - Months Deys If LESS than	to have occurred on the date stated above, at 2.30Pm.	order to sava
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	marasmus	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupation (month and spent in this		
yaar) to coupation	Other Cautributary Causes of importance:	
12. BIRTHPLACE (city or town)		Sal tra- 6
(State or country)	Stemmer Veriflaint	1931
14. BIRTHPLACE (city or town) Barvenec	or Enterins - 2 days awall	0131
(State or country)	Name of operation Date of	
The sale of the sa	What tast confirmed diagnosis? Was there an au	topsy?
	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accidant, sulcide, or homicide? Date of Injury	10
O 16. BIRTHPLACE (city or town)	Where did Injury occur?	, 15
17. INFORMANT Alleg Rades Jud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 2 Mess 162 5 Sata 9-22 1931	- Nature of injury	
b. 7 h wester some	24. Was disease or injury way related to occupation of deceased?	
19. UNDERTAKER (Addrass)	If so, specify	
mouse 4-77 2 m3/hora Pottone	(Signed) . Mardon	M. D.
20. FILED Registrar.	(Address) Preston, U	ud
If more blanks are needed, address State Registrar.	2417 N. Charles Street, Baltimore, Requesting 7) S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other-contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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